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**State:** District of Columbia **First Filing Company:** The Travelers Indemnity Company, ...  
**TOI/Sub-TOI:** 17.1 Other Liability-Occ Only/17.1020 Commercial Umbrella and Excess  
**Product Name:** Umbrella Excess  
**Project Name/Number:** Umbrella Form Filing/2016-06-0042

## Filing at a Glance

Companies: The Travelers Indemnity Company  
Travelers Property Casualty Company of America

Product Name: Umbrella Excess

State: District of Columbia

TOI: 17.1 Other Liability-Occ Only

Sub-TOI: 17.1020 Commercial Umbrella and Excess

Filing Type: Form

Date Submitted: 11/11/2016

SERFF Tr Num: TRVD-130804677

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num: 2016-06-0042

Effective Date 08/01/2017

Requested (New):

Effective Date 08/01/2017

Requested (Renewal):

Author(s): Jennifer Meyer, Erin Teats

Reviewer(s): Angela King (primary)

Disposition Date:

Disposition Status:

Effective Date (New):

Effective Date (Renewal):

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## General Information

Project Name: Umbrella Form Filing  
Project Number: 2016-06-0042  
Reference Organization:  
Reference Title:  
Filing Status Changed: 11/14/2016  
State Status Changed:  
Created By: Erin Teats  
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Authorized  
Domicile Status Comments:  
Reference Number:  
Advisory Org. Circular:  
  
Deemer Date:  
Submitted By: Erin Teats

### Filing Description:

In accordance with the insurance laws and regulations in your state, we respectfully submit the attached filing for your review and consideration.

With this filing, we are submitting one new Optional endorsement, which will be used with our Commercial Umbrella Excess portfolio. This endorsement modifies our Commercial Excess Liability (Umbrella) Insurance Form UM 00 01. For a detailed description, please refer to the enclosed Form Transmittal Supplement.

There is no rate impact associated with this filing.

Your approval of this filing would be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

## Company and Contact

### Filing Contact Information

Erin Teats, Sr. Regulatory Analyst	ETeats@travelers.com
385 Washington Street	800-237-9334 [Phone] 04360 [Ext]
St. Paul, MN 55102	651-310-4101 [FAX]

### Filing Company Information

The Travelers Indemnity Company	CoCode: 25658	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-5660 ext. [Phone]	FEIN Number: 06-0566050	

Travelers Property Casualty	CoCode: 25674	State of Domicile: Connecticut
Company of America	Group Code: 3548	Company Type:
One Tower Square	Group Name:	State ID Number:
Hartford, CT 06183	FEIN Number: 36-2719165	
(860) 277-5660 ext. [Phone]		

## Filing Fees

Fee Required?	No
Retaliatory?	No

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Fee Explanation:

<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	The Travelers Indemnity Company, ...
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## Correspondence Summary

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Exclusion - Lead	Erin Teats	11/14/2016	11/14/2016

<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	The Travelers Indemnity Company, ...
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## Amendment Letter

Submitted Date: 11/14/2016

Comments:

It has been brought to my attention that there was a typographical error in Form UM 03 04. I am providing you with the revised form correcting the typo.

I am sorry for any inconvenience this may have caused.

Changed Items:

Form Schedule Item Changes									
Item No.	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Exclusion - Lead	UM 03 04 02 97		END	New			UM 03 04 02 97-Final.pdf	Date Submitted: 11/14/2016 By:
<i>Previous Version</i>									
1	Exclusion - Lead	UM 03 04 02 97		END	New			UM03040297-Excl-Lead.pdf	Date Submitted: 11/11/2016 By: Erin Teats

No Rate Schedule Items Changed.

No Supporting Documents Changed.

<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	The Travelers Indemnity Company, ...
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<b>Product Name:</b>	Umbrella Excess		
<b>Project Name/Number:</b>	Umbrella Form Filing/2016-06-0042		

## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Exclusion - Lead	UM 03 04 02 97		END	New			UM 03 04 02 97-Final.pdf

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **EXCLUSION - LEAD**

This insurance modifies insurance provided under the following:  
COMMERCIAL EXCESS LIABILITY (UMBRELLA) INSURANCE

### **PROVISIONS**

This insurance does not apply to any injury, damage, loss, cost, payment or expense, including, but not limited to, defense and investigation, of any kind arising out of, resulting from, caused by or contributed to by the actual or alleged presence or actual, alleged or threatened dispersal, release, ingestion, inhalation or absorption of lead, lead components or lead which is or was contained or incorporated into any material or substance. This exclusion applies, but is not limited to:

1. Any supervision, instructions, recommendations, warnings or advice given in connection with the above;
2. Any obligation to share damages, losses, costs, payments or expenses with or repay someone else who must make payment because of such injury or damage, loss, cost, payment or expense; or
3. Any request, order or requirement to abate, mitigate, remediate, contain, remove or dispose of lead, lead components or materials or substances containing lead.

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## Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Forms Transmittal Supplement
Comments:	
Attachment(s):	UM03040297 CW TR.pdf
Item Status:	
Status Date:	



FORM TRANSMITTAL SUPPLEMENT  
2016-06-0042

Form Title	New Form	Replaced Form	Type of Form* / Line of Business / Mandatory (M) or Optional (O)	Broaden (B) Restrict (R) Clarify (C)	Description Of Form
Exclusion – Lead	UM 03 04 02 97	New	END/UMB/O	R	This endorsement modifies our Commercial Excess Liability (Umbrella) insurance form (UM 00 01). This endorsement adds an exclusion for losses arising out of lead and has policy wording consistent with our Commercial General Liability Exclusion – Lead.

\*Type of Form Legend:

**ADV** = Advertising

**ABE** = Application/Binder/Enrollment

**BND** = Bond

**CNR** = Canc/NonRen Notice

**CER** = Certificate

**DEC** = Declarations/Schedule

**DSC** = Disclosure/Notice

**ERS** = Election/Rejection/Supplemental Applications

**END** = Endorsement/Amendment/Conditions

**OTH** = Other

**PCF** = Policy/Coverage Form

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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/11/2016		Form	Exclusion - Lead	11/14/2016	UM03040297-Excl-Lead.pdf (Superceded)

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### **PROVISIONS**

This insurance does not apply to any injury, damage, loss, cost, payment or expense, including, but not limited to, defense and investigation, of any kind arising out of, resulting from, caused by or contributed to by the actual or alleged presence or actual, alleged or threatened dispersal, release, ingestion, inhalation or absorption of lead, lead components or lead which is or was contained or incorporated into any material or substance. This exclusion applies, but it not limited to:

1. Any supervision, instructions, recommendations, warnings or advice given in connection with the above.
2. Any obligation to share damages, losses, costs, payments or expenses with or repay someone else who must make payment because of such injury or damage, loss, cost, payment or expense; or
3. Any request, order or requirement to abate, mitigate, remediate, contain, remove or dispose of lead, lead components or materials or substances containing lead.